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28008 7590 01/02/2004

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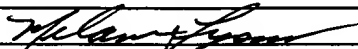
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MELANIE LYONS

(Depositor's name)



(Signature)

April 2, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/718,102	11/20/2000	Maria-Grazia Roncarolo	DX0261K1X2	9698

TITLE OF INVENTION: ~~METHODS FOR MODULATING ANTIGEN-SPECIFIC IMMUNE RESPONSES~~

USE OF INTERLEUKIN-10 TO PRODUCE A POPULATION OF SUPPRESSOR CELLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	04/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HAMUD, FOZIA M	1647	424-085100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Hugh Wang

2 Edwin P. Ching

3 Laurie L. Hill

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SCHERING CORPORATION

KENILWORTH, NEW JERSEY

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1239 (enclose an extra copy of this form).

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(Authorized Signature)  (Date) 02-Apr-2004

SHEELA MOHAN-PETERSON, Reg. No. 41,201

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